National Commission on
Correctional Health Care

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June 26, 2018

Jeffrey Mann, Sheriff
DeKalb County Jail
4425 Memorial Dr.
Decatur, GA 30032

Dear Sheriff Mann:

Congratulations! The Accreditation Committee of the National Commission on Correctional Health Care (NCCHC), during its meeting on June 22, 2018, voted to continue to accredit DeKalb County Jail for its compliance with NCCHC's *Standards for Health Services in Jails*. Please find the accreditation report and Certificate of Accreditation enclosed. Your health services administrator will also receive a copy of the accreditation report.

NCCHC congratulates you on your achievement and wishes you continued success in the future. It is anticipated that the next scheduled on-site survey of the facility will occur sometime prior to March 1, 2021. If we can be of any assistance to you, please feel free to contact us.

Sincerely,

Tracey Titus, RN, CCHP-RN
Vice President, Accreditation

Enclosure

cc: James R. Pavletich, MHA, CHE, Chief Executive Officer
LaTyris Pugh

National Commission on Correctional Health Care

ACCREDITATION REPORT OF

THE HEALTH CARE SERVICES AT

DEKALB COUNTY JAIL

Decatur, GA

June 22, 2018

National Commission on Correctional Health Care
1145 W. Diversey Pkwy.
Chicago, IL 60614-1318
(773) 880-1460

DeKalb County Jail, GA
June 22, 2018

The National Commission on Correctional Health Care is dedicated to improving the quality of correctional health services and helping correctional facilities provide effective and efficient care. NCCHC grew out of a program begun at the American Medical Association in the 1970s. The standards are NCCHC's recommended requirements for the proper management of a correctional health services delivery system. These standards have helped correctional facilities improve the health of their inmates and the communities to which they return, increase the efficiency of their health services delivery, strengthen their organizational effectiveness, and reduce their risk of adverse patient outcomes and legal judgments.

On March 12-14, 2018, NCCHC conducted its review for continued accreditation of this facility. We commend the facility staff for their professional conduct, assistance, and candor during the course of our review. The NCCHC's team of experienced certified correctional health professionals utilized NCCHC's 2014 *Standards for Health Services in Jails* as the basis of its health services analysis. This report focuses primarily on issues in need of correction or enhancement. It is most effective when read in conjunction with the *Standards* manual. The information in this report is privileged and confidential and is intended for the sole use of persons addressed.

There are 40 essential standards; 39 are applicable to this facility and 39 (100%) were found to be in compliance. One hundred percent of the applicable essential standards must be met. Our findings include:

Essential Standards Not in Compliance
None

Essential Standard Not Applicable
J-E-03 Transfer Screening

There are 27 important standards; 26 are applicable to this facility and 26 (100%) were found to be in compliance. Eighty-five percent or more of the applicable important standards must be met. Our findings include:

Important Standards Not in Compliance
None

Important Standard Not Applicable
J-C-08 Health Care Liaison

Decision: On June 22, 2018, NCCHC's Accreditation Committee awarded the facility Accreditation.

DeKalb County Jail, GA
June 22, 2018

I. Facility Profile

The facility's security classification is: minimum, medium and maximum
The facility was built in: 1996
The facility's mission or purpose has not changed in the last year.
The facility is located in the southern area of the United States.
The facility's supervision style is: Indirect Supervision
The facility's structural layout is: Modular-Style Housing.
Since the last NCCHC survey, there have not been any major renovations/expansions/closures in the facility, and none were anticipated at the time of the survey.
Total Inmate Count on day of survey 1910
Total number of adult males on day of the survey: 1670
Total number of adult females on day of the survey: 240
Average Daily Population (ADP) for last completed calendar year: 1836
The design-rated capacity for the facility is: 3838
There has not been a substantial increase or decrease in the inmate population.
Admissions to the facility arrive: unscheduled and at any time of day or night.
The total number of admissions to the facility last year was: 29,553
The average daily intake to the facility last year was: 81
The total number of correctional staff assigned to this facility is: 722
The usual shift coverage for correctional staff is: Day 458; Evening 157; Night 107
There has not been a recent change in health care contractor
Health services are provided by a national health care vendor
They have provided health services since: 2011
There have not been distinctive events that may affect the delivery of health care.
The facility has no satellites.

II. Survey Method

We toured the clinic area, inmate housing areas, and segregation. We reviewed 65 health records; policies and procedures; provider licenses; administrative, health staff, and continuous quality improvement (CQI) meeting minutes; job descriptions; statistical and environmental inspection reports; and health services personnel and CO training records. We interviewed the major, responsible physician, health services administrator (HSA), other health and mental health staff, correctional and administrative staff(two majors, captain, corporal, lieutenant, and four deputies), and 10 inmates selected at random.

III. Survey Findings and Comments

A. GOVERNANCE AND ADMINISTRATION

The standards in this section address the foundation of a functioning correctional health services system and the interactions between custody and health services authorities. Any model of organization is considered valid, provided the outcome is an integrated system of health care in which medical orders are carried out and documented appropriately and the results are monitored as indicated. Policies and procedures are to include site-specific operating guidelines.

Standard Specific Findings

J-A-01 Access to Care (E). Inmates have access to health care. Patients see a qualified clinician and receive care in a timely manner as ordered for their serious medical, mental health, and dental needs. Inmates are assessed $5 for self-initiated services to see a nurse or a provider. Medications, chronic care, STD testing, tuberculosis testing, mental health services, and anything required by the standards are exempt from the policy. All inmates receive care regardless of their ability to pay. The standard is met.

J-A-02 Responsible Health Authority (E). The responsible health authority is the medical contractor, whose on-site representative is the full-time HSA. Clinical judgments rest with a designated, full-time responsible physician. Mental health services, pharmacy and dental care are provided under separate contracts. They all answer to the contract monitor, who is the HSA and reportedly work together extremely well. The standard is met.

J-A-03 Medical Autonomy (E). Qualified health care professionals make decisions regarding inmates' serious medical, dental, and mental health needs in the inmates' best interests. We noted excellent cooperation between custody and medical staff. Administrative decisions are coordinated, if necessary, with clinical needs so that patient care is not jeopardized. Health staff is subject to the same security regulations as all other facility employees. The standard is met.

J-A-04 Administrative Meetings and Reports (E). The major and health services administrator meet monthly to discuss administrative matters with health staff, detention supervisors, and other command staff. Health staff meets monthly to discuss health services operations. Attendees include the responsible physician, HSA, and other health staff. Other meetings include those for mental health, critical are, pharmacy and providers. Statistical reports of health services are made at least monthly and provided to the facility administrator. They are used to monitor trends in the delivery of health care. The standard is met.

J-A-05 Policies and Procedures (E). The health services policy manual is site-specific. The RHA and responsible physician last reviewed it on March 7, 2018. Other policies, such as those for custody, kitchen, or corporate, do not conflict with health care policies. The policies are accessible to health staff. The standard is met.

J-A-06 Continuous Quality Improvement Program (E). The CQI program identifies health care aspects to be monitored, implements and monitors corrective action when necessary, and studies the effectiveness of the corrective action plan. The quality improvement committee, which meets monthly, consists of health services manager/chairperson, the responsible physician, dental, mental health, and medical staff (including dialysis). Several studies, both corporate-driven and site-specific, have been completed since the last survey. Site-specific

topics have included the a study of the high incidence of refusals of patients to have their wounds dressed and reassessed, or for nurses to complete the withdrawal assessments. By moving them to the same housing area, better nursing and patient movement was demonstrated.

Other studies included a large number of PPDs not being read due to the patients' release from custody; proper monitoring of patients exhibiting withdrawal from substance abuse; and the initiation of chronic care (which begins in intake and patients are immediately transferred to special housing where orders for labs and x-ray are addressed immediately). Outcome studies examined diabetic care and pre-natal care. The responsible physician is involved in the CQI program by initiating studies. We also verified that annual reviews of the program have been completed. The standard is met.

J-A-07 Emergency Response Plan (E). The RHA and facility administrator have approved the health aspects of the emergency response plan, which included the required elements. Multiple casualty disaster drills have been held twice a year so that over the course of three years, staff on each shift has had an opportunity to participate. All the staff we interviewed indicated they had participated. The safety officer coordinates the drills with health and security staff. The scenarios included: a fire and kitchen ceiling collapse, and chemical explosions in various areas of the building. The initial medical response consists of a paramedic, nurse, and provider. Triage sites were set up accordingly. In addition, these incidents involved mass evacuations of entire housing areas, which required coordination of sheriff's officers located outside the building. This entailed moving the area's inmates and transferring them by bus to another area. All of the drills have been critiqued and the results have been shared with the health staff.

Man-down drills/events have been documented to confirm that health staff on each shift has been able to participate annually. These have also been critiqued and the results were shared with all health staff. The scenarios ranged from chest pain and shortness of breath, to fights and falls. The standard is met.

J-A-08 Communication on Patients' Health Needs (E). Communication between designated correctional and health services staff with regard to inmates' special health needs occurs electronically. The standard is met.

J-A-09 Privacy of Care (I). All clinical encounters and discussion of patient information occurs in both auditory and/or visual privacy. Security personnel are present only if the patient poses a probable risk to the safety of the health care professional or others. None of the inmates we interviewed during the survey complained about privacy. The standard is met.

J-A-10 Procedure in the Event of an Inmate Death (I). Since the last survey, there have been 10 inmate deaths. Six were reportedly due to natural causes and four were due to suicide. The death reviews were timely, and consisted of an administrative and a clinical mortality review. A psychological autopsy was completed for the cases of suicide. Treating staff were informed of the clinical mortality and administrative review findings. The standard is met.

J-A-11 Grievance Mechanism for Health Complaints (I). The health-related grievance program is integrated with the formal grievance program. We confirmed there was also an informal procedure, and an appeals process (an additional 10 days). The grievance coordinator

answers all grievances. This involves the chart review and an interview with the patient. On average, 200 grievances are filed per month. The major indicated there were no trends to be identified. The standard is met.

B. MANAGING A SAFE AND HEALTHY ENVIRONMENT

The standards in this section address the importance of preventative monitoring of the physical plant. Health staff has a crucial role in identifying issues that could have a negative impact on the health and safety of facility staff and the inmate population if left unaddressed.

Standard Specific Findings

J-B-01 Infection Prevention and Control Program (E). The responsible physician had approved the written exposure control plan, which is updated annually, most recently on January 22, 2018, by the HSA and medical director. Infection control matters are addressed at the separate infection control, CQI, health staff, provider and management meetings. Patients with communicable diseases are housed in one of the six negative air pressure rooms. All inmates are offered tests for HIV, syphilis and gonorrhea. Immunizations are given as appropriate. A medical waste handler had been contracted to remove biohazardous substances. New arrivals are questioned regarding signs and symptoms of tuberculosis. If the result is questionable, the patient receives a chest x-ray. Effective ectoparasite control procedures are used to treat infected inmates. The facility is inspected monthly for environmental concerns, and we observed it to be clean and well maintained. The safety officer is also in charge of the decontamination and infection control cleaning of the infirmary. The standard is met.

J-B-02 Patient Safety (I). Health staff can report any adverse and near-miss clinical events that affect patient safety in a nonpunitive environment. They also review any attempted suicides or any hospitalizations that are perceived as resulting from possible delayed care, or any potentially serious occurrences. The standard is met.

J-B-03 Staff Safety (I). Health staff appears to work under safe and sanitary conditions. Health staff participates in the safety committee. We observed significant officer presence throughout the facility, and they control inmate movement. The standard is met.

J-B-04 Federal Sexual Abuse Regulations (E). The major described the facility as compliant with the 2003 Federal Prison Rape Elimination Act (PREA). Written policies and procedures address the detection, prevention and reduction of sexual abuse. The PREA coordinator indicated that an educational film was being chosen to show at intake, and a PREA inspection was pending. We observed "zero tolerance" signs throughout the facility. The standard is met.

J-B-05 Response to Sexual Abuse (I). Health staff had been trained in how to detect, assess and respond to signs of sexual abuse and sexual harassment, as well as evidence preservation. This is part of orientation, and reviewed annually by all employees. Victims of sexual assault are referred to a community facility for treatment and evidence collection. In all cases, the victim is evaluated by a qualified mental health professional and a report is made to correctional authorities to effect a housing separation of the victim from the assailant. During the site survey, the inmates we interviewed indicated they understood how to report an incident of sexual abuse. The standard is met.

C. PERSONNEL AND TRAINING

The standards in this section address the need for a staffing plan adequate to meet the needs of the inmate population, and appropriately trained and credentialed health staff. Correctional officers are to have a minimum amount of health-related training in order to step in during an emergency, if health staff is not immediately available.

Standard Specific Findings

J-C-01 Credentials (E). Health care personnel who provide services to inmates had credentials and were providing services consistent with the jurisdiction's licensure, certification, and registration requirements. The credential verification process includes inquiry regarding sanctions or disciplinary actions of state boards, employers and the National Practitioner Data Bank. The standard is met.

J-C-02 Clinical Performance Enhancement (I). A clinical performance enhancement process evaluates the appropriateness of services delivered by all direct patient care clinicians, registered nurses (RN) and licensed practical nurses (LPN). A professional of at least equal training in the same general discipline completes the reviews annually. We reviewed a log listing the names of the individuals being reviewed and the date of their most recent review, which included all the required elements. The standard is met.

J-C-03 Professional Development (E). We confirmed that qualified health care professionals had the required number of continuing education credits. All were current in cardiopulmonary resuscitation (CPR) training. All professional staff had training hours far exceeding the 12 hours required by the standard. We confirmed compliance by reviewing a list of completed courses, dates and number of hours per course. The standard is met.

J-C-04 Health Training for Correctional Officers (E). Correctional staff had the required training in health-related topics, and we also verified it was current, as required. We reviewed the training outline, including course content and length, and confirmed it included all the required topics. In addition, health staff and mental health staff also provide trainings on appropriate topics during "officer muster." These topics include, but are not limited to, blood-borne pathogens, substance abuse and addiction, suicide prevention, health access instructions. The standard is met.

J-C-05 Medication Administration Training (E). Nurses administer medications. We confirmed that the training includes matters of security, accountability, common side effects and documentation, and had been approved annually by the health services coordinator, responsible physician and the facility administrator. Patients in the mental health units (including inpatient) have their medication administered by the nurses assigned to mental health. We verified they have been trained appropriately. The standard is met.

J-C-06 Inmate Workers (E). Inmate workers have no role in providing health services, nor are they involved in any peer health-related programs. They work in a janitorial capacity only, but do not clean up any biohazardous material. The standard is met.

J-C-07 Staffing (I). Full-time equivalent health staff includes:

Medical	
Health Services Administrator	1
Assistant Health Services Administrator	1
Medical Director	1
Physicians	2
Physician Assistant/Nurse Practitioner	5.6
Director of Nursing	1
Registered Nurses	17
LPN	33 plus 8 for mental health
Medication Assistant and Paramedics	14.2
X-ray Technician	1
Lab Technician	1
Administrative Assistants	2
Medical Records Manager	1
Medical Records	4
Scheduler	1
Pharmacy	
Pharmacist	0.6
Pharmacy Technicians	4 full-time and 1 part time
Mental Health	
Psychiatrist	1 full-time and 2 part time
Psychologist	1
Social Workers	3
RN	2
LPN	8
Dental	
Director	1
Dentist	1
Dental Assistants	2 full-time and 1 part time

The following health staff positions were vacant: two FTE RNs, and two FTE LPNs; at the time of the survey, candidates were about to be hired.

All health staff (medical, mental health, dental and pharmacy) work extremely well together even though they fall under separate contracts. They are all managed by the health services director, who is a sheriff's employee and acts as the monitor for the various contracts. The standard is met.

J-C-08 Health Care Liaison (I). Health staff is on-site 24 hours a day. The standard is not applicable.

J-C-09 Orientation for Health Staff (I). We confirmed that health staff have received the appropriate orientation. The length of time varies according to the needs of the employee. It is

completed within the first 90 days of their employment. The health services coordinator and the responsible physician review it at least every two years. The standard is met.

D. HEALTH CARE SERVICES AND SUPPORT

The standards in this section address the manner in which health services are delivered–the adequacy of space, the availability and adequacy of materials, and, when necessary, documented agreements with community providers for health services.

Standard Specific Findings

J-D-01 Pharmaceutical Operations (E). A national pharmacy provides services that are sufficient to meet the needs of the inmates. The medication room is accessible only to pharmacist and pharmacy technicians. The onsite pharmacist inspects quarterly. Medication orders are delivered, usually the next day, by a mail order pharmacy, generally in patient-specific blister packs, although there is some stock supplies. A local pharmacy can also be consulted. The pharmacy technicians deliver the medication to the medication nurses, who administer it from carts to the inmates in their housing units. Medications are counted and secured in the pharmacy until they can be returned. The RHA maintains records as necessary to ensure adequate control of and accountability for all medications, including stock. When necessary, nurses request stock from the pharmacist. We confirmed that all medications were stored under proper conditions and an adequate supply of antidotes and other emergency medications was readily available to staff. We verified the accuracy of the counts, and confirmed that nothing was expired. The standard is met.

J-D-02 Medication Services (E). Medication services are clinically appropriate and provided in a timely, safe and sufficient manner. The responsible physician determines the prescriptive practices at this facility. Medications are prescribed only when clinically indicated. Inmates entering the facility on prescription medication continue to receive the medication or acceptable alternate medication as clinically indicated. Inmates may only keep creams and ointments on their persons. The standard is met.

J-D-03 Clinic Space, Equipment, and Supplies (I). The main clinic area includes several examination rooms, office space for medical and mental health staff, a three-chair dental operatory, medical records storage, and a three-chair dialysis unit. Individual clinics were evident on the housing units, and chronic care is initiated in another small clinic in the intake housing area. Items subject to abuse are inventoried daily. We verified the accuracy of the counts, and confirmed that adequate supplies and equipment were available, including 20 automated external defibrillators. The standard is met.

J-D-04 Diagnostic Services (I). On-site diagnostic services include stool blood-testing material, finger-stick blood glucose tests, peak flow meters, multiple-test dipstick urinalysis, and pregnancy tests. While an outside laboratory had been contracted, on-site staffing included a full-time x-ray technician. On-site services included ultrasound and basic imaging. We verified that each service had a procedure manual that included the protocols for testing device calibration. The results of laboratory and x-rays are returned in a timely manner for the prescribing provider to review. The standard is met.

J-D-05 Hospital and Specialty Care (E). Hospitalization and specialty care is available to patients in need of these services. We verified through record review that off-site facilities and health professionals provide a summary of the treatment given and any follow-up instructions. On-site specialty services include dialysis. We confirmed the appropriate license and certifications were on file. The standard is met.

E. INMATE CARE AND TREATMENT

The standards in this section address the core of a health services program: that all inmates have access to health services, how they are to request emergency and non-emergency care, that health histories are obtained, that assessments and care can be demonstrated to be provided in a timely fashion, and that discharge planning is considered. In short, health care for the inmates is to be consistent with current community standards of care.

Standard Specific Findings

J-E-01 Information on Health Services (E). Upon arrival, inmates receive both verbal and written instructions in English and Spanish on access to health care services, the fee-for-service policy, and the health-related grievance procedures. Inmates who speak other languages use a language line, and the hearing impaired can refer to a picture board. The standard is met.

J-E-02 Receiving Screening (E). New admissions arrive directly from the community. Reception personnel identify those individuals in need of care and refer them to a hospital. Their subsequent admission to the facility is predicated on a written medical clearance from the hospital.

Receiving screening is completed by qualified health care professionals as soon as possible, depending on the number of arrivals. On average, however, it is completed within two to four hours. An RN and two LPNs are assigned to the men's intake area, while the women's side has an LPN. We confirmed it includes a disposition, and addresses all the required areas of inquiry. If a woman reports current opiate use, she is referred immediately for a pregnancy test. Prescribed medications are reviewed and maintained as clinically indicated. The nurses have immediate access to a provider in order to initiate the medication. Health staff regularly monitors receiving screenings during CQI and health staff meetings to determine the safety and effectiveness of the process. The standard is met.

J-E-03 Transfer Screening (E). This facility is a single correctional system and not part of a network. The standard is not applicable.

J-E-04 Initial Health Assessment (E). The full-population health assessment has been implemented at this facility. Newly arriving male inmates with chronic care conditions are sent immediately to a particular housing area, which has a full-time provider and nurse on duty. Within the first 24 hours, the patient has undergone a complete health assessment and has begun the chronic care treatment plan. Female patients are seen that evening in the clinic to begin medication and have chronic care initiated.

If the patient has no medical issues, they undergo a health assessment by either a nurse practitioner or a trained RN within 14 days, as required by the standard. The physician reviews all health assessment results. The standard is met.

J-E-05 Mental Health Screening and Evaluation (E). Trained nurses complete the mental health screening during the receiving screening. Patients who screen positive on the mental health screening are referred to qualified mental health professionals for further evaluation. The standard is met.

J-E-06 Oral Care (E). A trained nurse completes the oral screening during the receiving screening. Inmates are instructed in oral hygiene and preventive oral education within 30 days of admission and the dentist completes an oral examination within 12 months of their admission. At the time of the survey, the dental area included three dental chairs, and staffing consisted of two full-time dentists. We found oral care to be timely. The usual wait time is approximately two months for routine care. We also confirmed immediate access for urgent or painful conditions. An oral surgeon was also available as needed. The system of established priorities for oral treatment was not limited to extractions. The standard is met.

J-E-07 Nonemergency Health Care Requests and Services (E). All inmates, regardless of housing assignment, had access to regularly scheduled times for routine health care. The frequency and duration of response to requests for health services was sufficient for the inmate population. Inmates request services by signing up at the housing unit kiosk. The medical assistant checks these every evening, and they are assigned to the medication nurses, who conduct a face-to-face encounter. The nurse returns to the housing area for sick call. All urgent needs are met within 48 hours by a provider. Non-urgent needs are addressed within seven days. There was no back log for sick call during the site survey, nor did the inmates complain of lengthy waiting times to see health staff. The standard is met.

J-E-08 Emergency Services (E). The RHA maintains emergency drugs, supplies, and medical equipment. The officers had been trained to use the code system in the event of an emergency. A paramedic initially responds and then if needed, activates a response to request additional medical staff, such as a nurse or a provider. An ambulance can be summoned if a patient requires transfer to the nearby hospital. The standard is met.

J-E-09 Segregated Inmates (I). Conditions of segregation at this facility (NCCHC's category 2c) require health rounds at least once per week, which is the practice. Most inmates in this area are double bunked. Both medical and mental health staff reviews the inmate's medical record to determine whether there are any contraindications to the patient's health status if placed in lock down. Health staff inform custody officials of the latest scientific information concerning the health effects of segregation at the various meetings both attend. The standard is met.

J-E-10 Patient Escort (I). Patients are escorted to on-site and off-site clinical appointments in a timely manner. Transporting officers are alerted to special accommodations (such as medication administration.) Patient confidentiality is maintained. All paperwork is given to the transporting officer in a sealed envelope. The standard is met.

J-E-11 Nursing Assessment Protocols (I). Nursing protocols are utilized. They do not include any prescription medications. The responsible physician and nursing administrator last reviewed them on January 9, 2018. We verified the nurses are trained to use them upon hire, and when new protocols are introduced or revised. They undergo annual reviews of competency. The standard is met.

J-E-12 Continuity and Coordination of Care During Incarceration (E). We confirmed that continuity of care is appropriate.

Clinician orders are evidence-based and implemented in a timely manner. Any deviations are clinically justified, documented and shared with the patient. Patients are notified regarding their test results through the inmate mail system. The clinician reviews diagnostic tests in a timely manner. Treatment plans are modified as clinically indicated.

Patients receive treatment and diagnostic tests as ordered by clinicians, who discuss such care with them. When a patient returns from the emergency room, urgent care or hospitalization, protocols are followed in accordance with the standard. The clinician reviews and acts upon specialty consultants' recommendations in a timely manner.

The responsible physician determines the frequency of periodic health assessments on the basis of protocols promulgated by corporate guidelines. Chart reviews were of sufficient frequency and number assures that clinically appropriate care is ordered and implemented by attending health staff. The standard is met.

J-E-13 Discharge Planning (E). Arrangements are made for discharging inmates to have at least a three-day supply of medication, but usually the inmate is given the remainder of his prescription card or, depending on the medication, up to a 30-day supply, as well as a list of community providers. At the time of the survey, there were plans to hire a discharge planner with the next contract renewal. The standard is met.

F. HEALTH PROMOTION AND DISEASE PREVENTION

The standards in this section address health and lifestyle education and practices, as well as patient-specific instruction during clinical encounters.

Standard Specific Findings

J-F-01 Healthy Lifestyle Promotion (I). We noted a variety of health-related brochures and pamphlets were available to all inmates. Individual health education and instruction in self-care is documented in the health record during clinical encounters. The standard is met.

J-F-02 Medical Diets (I). At the time of the survey, approximately 366 medical diets were being prepared for patients with specific dietary needs. Inmates who refuse prescribed diets receive follow up nutritional counseling. A registered dietitian reviews the medical diet menus at least every six months, most recently on January 2, 2018. Workers who prepare medical diets are supervised while doing so. The standard is met.

J-F-03 Use of Tobacco (I). Smoking is prohibited indoors. We noted information on the health hazards of tobacco was available to all inmates. The standard is met.

G. SPECIAL NEEDS AND SERVICES

The standards in this section address the needs of inmates with chronic conditions or other health conditions that require a multidisciplinary approach to treatment. These special needs include mental health issues.

Standard Specific Findings

J-G-01 Chronic Disease Services (E). Care as reflected in the health record appears in compliance with current community standards. The responsible physician establishes and annually approves clinical protocols consistent with national clinical practice guidelines. We verified there were guidelines for all the required disease entities. Health records documentation confirms that clinicians follow the chronic disease protocols.

As we noted, chronic care begins at intake. Patients with chronic diseases are noted during the receiving screening process, and are sent to a separate housing unit for the first few days of incarceration. The treatment plans include the appropriate elements: (frequency of follow-up; monitoring condition and status and taking action as indicated; type and frequency of diagnostic testing and therapeutic regimens; instruction on diet, exercise, medication and adaptation to correctional environment; and clinical justification of deviation from the protocols. We confirmed that chronic illnesses were listed on the problem list, and that the RHA maintains a list of chronic care patients. The standard is met.

J-G-02 Patients With Special Health Needs (E). When required by the health condition(s) of the patient, treatment plans define the individual's care, and include the frequency of follow-up, type and frequency of diagnostic testing and therapeutic regimens and instructions about diet, exercise, adaptation to the correctional environment and medication. We confirmed that special needs were listed on the problem list, and that the RHA maintains a list of special needs patients. The standard is met.

J-G-03 Infirmary Care (E). At the time of the survey, there were two infirmaries with a capacity of 47 beds. Patients are always within sight or hearing of a qualified health care professional, and a supervising registered nurse is on site each shift. We confirmed a complete inpatient record is kept as a separate part of the electronic health record, including: admittance and discharge orders by a physician, and complete documentation of the patient's care and treatment, medication administration, notes, and discharge plan. The staffing was sufficient for the number of patients and the level of care needed. We verified that an appropriate manual of nursing care was available as well. The standard is met

J-G-04 Basic Mental Health Services (E). When clinically appropriate, a patient's commitment or transfer to an inpatient psychiatric setting is timely and accomplished according to procedures. Outpatients receiving basic mental health services are seen at least every 90 days or as clinically indicated. Mental health, medical and substance abuse services are coordinated to facilitate integrated patient management and to ensure medical and mental health needs are met. Special programs include a variety of groups such as anger management, "life after release," self-esteem, medication education, re-entry, social skills , music therapy, dealing with feelings, anxiety, a women's support group, cognitive behavior, "stages of grief," etc. All of these are generally available.

Services include the identification and referral of inmates with mental health needs, crisis intervention services, psychotropic medication management when indicated, individual counseling, group counseling, psychosocial/psychoeducational programs, and treatment documentation and follow-up. The standard is met.

J-G-05 Suicide Prevention Program (E). The suicide prevention program addresses each of the 11 key components as described by the standard. The RHA has approved the training curriculum for staff. Treatment plans address suicidal ideation and recurrence. Patient follow-up occurs as clinically indicated. Acutely suicidal inmates are placed on constant observation, with an officer stationed outside the cell. Non-acutely suicidal inmates are monitored on an unpredictable (staggered) schedule not exceeding 15 minutes. If the non-acutely suicidal inmate is placed in an isolation cell, constant observation is maintained.

There were four suicides since the last site survey. Each had a psychological autopsy conducted, but there were no recommendations made for any changes in procedures. The standard is met.

J-G-06 Patients with Alcohol And Other Drug Problems (AOD) (E). Disorders associated with AOD, such as HIV and liver disease, are recognized and treated. Correctional staff had been trained to recognize inmates' AOD problems. Medical, mental health, and substance abuse staff communicates and coordinates with each other regarding patients' AOD care. Self-help substance abuse programs, on-site individual counseling and group therapy are offered on site. During the survey, we observed a session of the in-house program, "Options for Living." Inmates were actively involved in participating and were open to sharing their ideas with the facilitator. While many were new to the program, it was obvious that they were attentive and were taking notes. We also verified the Alcoholics and Narcotics are offered on site. The standard is met.

J-G-07 Intoxication and Withdrawal (E). The responsible physician has approved current protocols consistent with nationally accepted treatment guidelines for intoxication and withdrawal. The protocols were last approved on March 7, 2018. Individuals are housed in a safe location that allows for effective monitoring by health professionals using recognized standard assessments at appropriate intervals. A physician supervises detoxification.

If a pregnant inmate is admitted with opioid dependence, she is tested for pregnancy, and is then sent to the emergency room for her first dose of methadone. She is subsequently enrolled in the local methadone program, and is taken there daily for her dose (Monday through Saturday; the officers are given her Sunday dose to take back to the facility where a nurse administers it). The facility's policy addresses the management of inmates (including pregnant inmates) on methadone or similar substances. All other inmates are detoxed off methadone using the detoxification protocols. These inmates are managed in special housing, and once they are stable, they are moved into general population.

Individuals experiencing severe intoxication or withdrawal are transferred immediately to a licensed, acute care facility. The standard is met.

J-G-08 Contraception (I). Emergency and continuing contraception is available. We noted that written reference material about contraception methods and community resources was available. The standard is met.

J-G-09 Counseling And Care Of The Pregnant Inmate (E). Comprehensive counseling services were available to pregnant inmates, as were prenatal care, specialized obstetrical services when indicated, and postpartum care. We confirmed there was a list of all pregnancies and their outcomes. Pregnant females are moved into the infirmary from 34 weeks gestation until delivery at the local hospital's clinic. We confirmed that restraints are not used during active labor and delivery. New mothers are provided with a breast pump upon discharge if she is breastfeeding. The standard is met.

J-G-10 Aids to Impairment (I). During the site survey, we observed inmates using wheelchairs, walkers, canes, crutches and braces. Health records documentation also indicated aids are provided as necessary. When specific aids are contraindicated for security reasons, health staff researches appropriate alternatives or the patient would be housed in the infirmary. The standard is met.

J-G-11 Care for the Terminally Ill (I). Although it would be rare for a terminally ill patient to be held at this facility, health staff would petition the courts for a compassionate release. If that were denied, the patient would be transferred to the local hospital for terminal care. The standard is met.

H. HEALTH RECORDS

The standards in this section address the importance of accurate health record documentation, health record organization and accessibility, and need to ensure that medical and mental health information is communicated when those records are separate documents.

Standard Specific Findings

J-H-01 Health Record Format and Contents (E). Inmate medical and mental health records are integrated in electronic format. All paper files are scanned into the electronic record. Critical health information is shared on an ongoing basis among all health disciplines. The health record includes a problem list, as well as all other critical elements. The standard is met.

J-H-02 Confidentiality of Health Records (E). Health records are password protected. Health staff had documented instruction in maintaining patient confidentiality. If non-health staff transports health records, the records are placed in sealed envelopes. The standard is met.

J-H-03 Management of Health Records (I). The health record is available for each patient care encounter. When an inmate is transferred to another facility, a comprehensive health summary accompanies him/her. The jurisdiction's legal requirements regarding records retention is followed. We verified that there was a system to reactivate records when requested by a treating health professional. The standard is met.

J-H-04 Access to Custody Information (I). Qualified health care professionals have access to information in the inmate's custody record when such information may be relevant to the inmate's health and course of treatment. The standard is met.

I. MEDICAL-LEGAL ISSUES

The standards in this section address the most complex issues facing correctional health care providers. While the rights of inmate-patients in a correctional setting are generally the same as those of a patient in the free world, the correctional setting often adds additional considerations when patient care is decided. The rights of the patient, and the duty to protect that patient and others, may conflict; however, ethical guidelines, professional practice standards, and NCCHC's standards are the determining factors regarding these interventions and issues.

Standard Specific Findings

J-I-01 Restraint and Seclusion (E). Clinical restraint and seclusion is only ordered for patients who exhibit behavior that is dangerous to self or others as a result of medical or mental illness. The policies and procedures were appropriate. Four-point restraints are available, but rarely used. Such use would require an order by a physician or other qualified health care professional as permitted by law when less restrictive treatment is not appropriate. Policy states that health staff conduct checks every 15 minutes and document it appropriately in the medical record. The treatment plan provides for the patient's removal from restraint/seclusion as soon as possible. Restraints would be used in a manner that does not jeopardize the patient's health.

Custody may assign an inmate to the restraint chair, although, reportedly, there has been no such instances since the last survey. If health staff were to note improper restraint use that is jeopardizing the health of the inmate, they would communicate this to the appropriate custody staff. The standard is met.

J-I-02 Emergency Psychotropic Medication (E). A licensed clinician's authorization is obtained prior to use of any emergency psychotropic medication. The record is documented regarding the patient's condition, threat posed, reason for forcing medication, other treatment modalities attempted, and treatment plan goals for less restrictive treatment alternatives. Follow-up care is appropriate. This is documented by nursing staff within the first hour of administration and again within 24 hours. Such intervention is rare at this facility, and would be for a one-time dose only. The standard is met.

J-I-03 Forensic Information (I). Health staff does not collect forensic information. The standard is met.

J-I-04 End-of-life Decision Making (I). As patients are approaching the end of life, they are permitted to execute advance directives, after being counseled as to the meaning and consequences of such actions. This is documented in the health record and is accomplished at the hospital. Before utilizing advance directives, a physician not directly involved in the patient's treatment would first complete an independent review. The standard is met.

J-I-05 Informed Consent and Right to Refuse (I). All informed consents and refusals of care are documented and consist of the required elements, including the signatures of the patient and a health staff witness. Patients are counseled as to possible adverse consequences to health that may occur as a result of a refusal. If the inmate refuses to sign a refusal form, it would be documented by a health staff member and a second witness. The standard is met.

J-I-06 Medical and Other Research (I). No health-related research is conducted at this facility. The standard is met.